



THE RELATIONSHIP BETWEEN THE LOCAL COMMUNITY OF BRITISH COLUMBIA AND SUPERVISED INJECTION FACILITIES: A SHORT LITERATURE REVIEW

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ABSTRACT

The establishment of supervised injection facilities has been a journey fraught with challenges and difficulties, due to the cultural beliefs regarding harm reduction and drug users in British Columbia during the 1990s. It was evident that scientific evidence was not enough to convince authorities that supervised injection facilities would benefit drug users and the community. Cultural intervention was required to change the government's opinion regarding this issue. For years, citizens and organizations fought for supervised injection facilities, and their efforts have contributed greatly to the establishment of these sites. This paper argues that the creation of supervised injection facilities can be attributed to the protests and actions executed by the community in British Columbia, as well as exploring the relationship between the local community and the establishment and preservation of supervised injection facilities.

KEYWORDS: Supervised Injection Facilities, Drug Users, Local Community

INTRODUCTION

Since the late 1990s, Canada's drug overdose pandemic has been an issue of great concern. From the increase in HCV/HIV infections to the upsurge in drug overdoses, drug-related deaths have become the main cause of death in British Columbia. (CBC, 2023). Since the drug crisis was officially declared a public health emergency in 2016, at least 12,264 Canadians have died from drug overdoses (CBC, 2023). Hence, the drug overdose pandemic must be addressed, and action must be taken in hopes of reducing overdose deaths and drug-related disease transmission.

Regardless of the “conventional abstinence-based approach to addiction” being implemented in the community, it did not prove effective in addressing the drug overdose pandemic in British Columbia (Small, 2016). There was a dire need for a new method to tackle this social issue. As opposed to the traditional approach to managing addiction, harm reduction was a relatively new concept introduced during the peak of the drug crisis in Canada in the late 1990s. The Harm Reduction Journal defines harm reduction as “policies and programs which aim to reduce the health, social, and economic costs of legal and illegal psychoactive drug use without necessarily reducing drug consumption” (Small, 2016). Supervised injection facilities are a crucial part of harm reduction, as they are effective in decreasing overdose deaths and drug-related disease transmission. Supervised Injection Facilities (SIFs) are sites that allow users to consume their illicit drugs in the presence of medical supervision in a safe and hygienic environment. In these facilities, sterile syringes and equipment are provided for users, in hopes of reducing the risk of drug-related diseases. Since the establishment of supervised injection facilities, they have been shown to be largely accepted by healthcare professionals and people who inject drugs (Kerr et al., 2017b),

with studies validating the effectiveness of their benefits (Kerr et al., 2017b).

Despite the overwhelming amount of evidence supporting supervised injection facilities, the government would not allow for the creation of SIFs. It was due to the relentless efforts of organizations and the community that supervised injection facilities are available today in Canada. As local support for the creation of supervised injection sites clashes with rigid government policies, a question is put forth: What role did the local community of British Columbia play in the establishment of supervised injection facilities, as well as the change in societal beliefs regarding drug users?

By exploring the history and cultural events regarding supervised injection sites, this paper will argue for the proposition that organizations and citizens play an oversized role in the creation of supervised injection facilities. The local community of British Columbia is the most significant factor that led to the establishment of SIFs because of the cultural events and movements they led that changed societal perspectives on addiction and harm reduction. In this research paper, topics such as the history of supervised injection sites, the ongoing cultural battle concerning their controversy, cultural beliefs regarding drug users, and more will be discussed.

MATERIALS & METHODS

A significant amount of research has been undertaken in this field, not only to investigate the effectiveness of supervised injection facilities, but also to identify the groups of people contributing to the history of these facilities. This paper has collected both primary and secondary sources to strengthen the argument that local communities in Canada are the driving factor towards the creation of supervised injection sites,

especially concerning policy change and cultural shifts.

LITERATURE REVIEW

As supervised injection facilities have become a popular yet controversial topic in the medical field, there have been countless articles written about this issue, whether positive or negative. This literature review will compile information from various journals and articles regarding the topic of supervised injection facilities, in hopes of documenting the battles fought to establish SIFs and the many aspects of how the community participated in the creation of SIFs throughout history.

History of SIFs

The drug epidemic has always been an alarming issue of concern for Canada, with the cataclysmic twin epidemics of HIV/HCV and drug-related overdoses occurring since the mid-1990s (Zlotorzynska et al., 2013c). This article from the Harm Reduction Journal illustrates the history of supervised injection facilities and the challenges associated with the introduction of SIFs due to the social values at the time. Due to the increasing awareness about the epidemic, many people who inject drugs, or PWID (Kerr et al., 2017c), and healthcare professionals were extremely eager to establish SIFs in Canada during the said time period.

As policies would not allow for SIFs to be established, organizations cooperated with PWID and took the initiative to create “unsanctioned” SIFs, ones that were not legally recognized by the Canadian government. These sites were extremely popular amongst PWIDs, as they provided them with a safe and clean environment for drug intake. These SIFs include the “Back Alley” and the “327 Carrall Street SIF”.

A significant event during this protest for SIFs was when nurses from the Dr. Peter Centre started supervising injections in 2002 (Kerr et al., 2017c). Originally a center for the treatment of HIV/AIDS patients, the Dr. Peter Centre was encouraged by the Registered Nursing Association of British Columbia (RNABC) to provide medical supervision for PWID, stating that it is their ethical duty to do so and decrease preventable deaths. This event demonstrated how healthcare professionals were also in support of harm reduction and SIFs and had a substantial role in their implementation.

Despite the overwhelming support for SIFs, all sites were closed down due to government pressure. This was until Insite, a secret SIF established by the Portland Hotel Society, was allowed to operate as a “monitor pilot experiment” (Kerr et al., 2017c). Regardless of Insite’s success, changes in the political landscape threatened to shut down the site. It was due to the persistent advocacy of the local community towards the government that Insite was permitted to continue its operation. In line with that, this article argues that the efforts put into making supervised injection facilities a reality in Canada can be attributed to the public advocacy of organizations and communities. As a result of their efforts, SIFs are now available and easily accessible for people with drug addictions, achieving the cultural milestone of “healthcare without barriers” (Small, 2012).

Cultural Movements

The battle for supervised injection sites was a cultural challenge, which required cultural validators and cultural interventions to place pressure on the government to accept this change in the way addiction is treated (Small, 2016). This article describes the many cultural actions and events executed by participants of the community to advocate for supervised injection facilities, where various widespread symbolic actions were initiated by citizens in hopes that action would be taken by the government to support SIFs. One notable event includes the 1000 crosses displayed in a park in Vancouver, representing the lives lost due to overdose over the span of 5 years (Small, 2016). Many people who knew of someone living with addiction attended the park to pay their respects and mourn the loss of a preventable death (Small, 2016). This movement created a powerful image of the number of deaths that could have been prevented if only supervised injection facilities were available. Many similar cultural demonstrations occurred after this until Insite was opened due to the public response.

In addition, when the federal government attempted to shut down Insite after its opening, almost 400 30-foot banners were placed around Insite, symbolizing the fatal overdoses that were prevented due to the site (Small, 2016). The astounding number of banners was enough to obstruct every intersection in Vancouver (Small, 2016), and it was a strong public response towards the government for a change in policy regarding SIFs. In September 2011, the Supreme Court of Canada ruled in favor of Insite continuing despite the efforts by the conservative party to close it.

In conclusion, as stated by the source, “addiction should be viewed as a public rather than personal problem” (Small, 2016). The issue of addiction is closely intertwined with the members of a community, and by taking action as seen in this article, change is possible.

Humanizing Addiction

As stated in the review above, there have been numerous struggles and challenges faced for supervised injection facilities to be available. Despite the scientific evidence supporting SIFs, it was not a matter of science, but a matter of social and cultural beliefs regarding addiction and harm reduction (Small, 2006).

Research for this literature review was taken from the works of Dr. Dan Small, a former manager of the Portland Hotel Society that founded Insite, who argues that the establishment of SIFs is a cultural issue, rather than a criminal justice issue. (Small, 2006). He provides two key movements essential to humanizing addiction in this article - the peer movement and the family movement. Both of these movements have made significant contributions to redefining people with addictions as more than simply their addiction and changing the cultural perspective on this issue (Small 2006).

The peer movement was a movement led by people with drug addictions and was founded with the purpose of building systems of support amongst socially isolated and marginalized drug users (Small, 2006). The Vancouver Area Network of Drug

Users, otherwise known as VANDU, played a major role in this movement. By establishing peer support and advocacy groups, people living with addiction can be part of an encouraging and supportive community.

In addition, many advocates for SIFs and people with active addictions worked together to open an unsanctioned supervised injection facility, with the common goal of showing the community that people with addictions are also dedicated to working towards the goal of an inclusive healthcare system (Small, 2006).

Furthermore, the family movement was also a force of advocacy and change for the humanization of drug users (Small, 2006). From Grief to Action is an advocacy group consisting of parents with children living with addictions. By spreading humanistic messages about addictions through the media, their mission is to bring awareness to the fact that “any family, regardless of social status, can be touched by addiction” (Small, 2006). Since its establishment, they have successfully touched the hearts of many and have made a significant contribution to the humanization of drug users.

Supervised injection facilities have always been a hotly debated topic in the community, as some believe that they do more harm than good. However, this research demonstrates how, by humanizing addiction and the people struggling with addictions, we can change societal beliefs around SIFs and approaches toward harm reduction.

As demonstrated by the literature review above, supervised injection facilities have a pivotal role in humanizing people living with addiction, and their establishment can be accredited to the relentless efforts of PWID, healthcare professionals, and the local community.

CONCLUSION

In conclusion, supervised injection facilities would not be here today if not for the local community of British Columbia. It is only due to their efforts that many preventable overdose deaths were avoided, and people living with addiction can access healthcare without barriers. By promoting harm reduction and supervised injection facilities, cultural perspectives regarding drug users can be changed, and people with active addiction can receive the life-saving healthcare they require. If more people saw individuals struggling with substance abuse as more than just their addiction, they would be more accepting of harm reduction methods and supervised injection facilities. Addiction is not just an issue that is dealt with on the federal level, but an issue that affects everyone in a community. Through advocating for change at the community level, we can change the way addiction is viewed.

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